

KDADS Updates on Requested Topics

Presentation to The Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight February 4, 2022

Updates on Requested Topics

Department for Aging and Disability Services

Laura Howard, Secretary

Priorities and Issues

- ARPA HCBS 10% FMAP enhancement for Medicaid HCBS services – Narrative and Spending Plans approved
- Implementation of Certified Community Behavioral Health Clinics (CCBHCs)
- Nursing Facilities for Mental Health (NF-MH) Settlement Agreement implementation
- Recruitment and Retention at State Hospitals

Budget Enhancements for Mental Health

\$29.3 million to increase mental health services across the state

- \$15.0 million SGF in FY 2023 to contract and build capacity of **50 new regional beds**, including \$10.0 million in start-up and construction support and \$5.0 million in ongoing costs. Unlike SIA, this adds new beds in a regional model
 - Adds 25 regional involuntary beds;
 - Adds 25 forensic beds for competency needs.
- \$2.8 million SGF to expand KDADS's provider pool providing **mobile competency evaluations**
 - Will expand to include community mental health centers to reduce the competency evaluation and restoration backlog.
 - KDADS will be introducing accompanying legislation to make statutory changes based off what we have learned from the mobile competency pilot project.

Budget Enhancements for Mental Health

\$29.3 million to increase mental health services across the state

- \$2.0 million SGF in FY 2022 and \$10.0 million SGF in FY 2023 for implementation of **Crisis Intervention Centers**
 - Provides new capacity in community to divert state hospital involuntary admissions.
 - Expansion of scope of existing crisis stabilization centers and higher cost of serving involuntary patients.
- \$1.5 million SGF in FY 2023 for suicide prevention and implementation of the state's **Suicide Prevention Plan**
 - Supports local coalitions and grants to local communities for targeted action plans.
 - Note this is separate from 988 call center implementation.

Other KDADS Budget Enhancements

- **Behavioral Crisis Stabilization Unit at Parsons State Hospital, \$644,388** from the State General Fund for 13.00 FTE positions to establish a Behavioral Crisis Stabilization Unit.
 - The unit will provide a short-term placement and treatment resource for individuals with intellectual disabilities experiencing an acute behavioral or psychiatric crisis that may temporarily prohibit them from living safely in their community setting. Individuals utilizing these services will receive intensive, behavioral assessments and interventions coupled with psychotropic medication evaluations.
 - The BCSU would operate 24 hours, 7 days per week. It would be staffed with 1.00 FTE Program Director position and 12.00 Client Training Supervisor positions. All staff would be required to be trained in Nonviolent Crisis Intervention with Advanced Physical Skills.

Other KDADS Budget Enhancements

- **HCBS Rates**, \$23.2 million from all funding sources to equalize rates across waivers and provide a 2% increase for Personal Care Services in each waiver.
- \$838,600 from all funding sources, including \$635,200 from the State General Fund for FY23 for an additional 8.00 **Health Facility Surveyor FTE positions** to ensure adequate safeguards and protection of vulnerable populations.

Nursing Facility Program

Nursing Facility Program

Daniel Goodman, Assistant Commissioner, Long-Term
Services & Supports

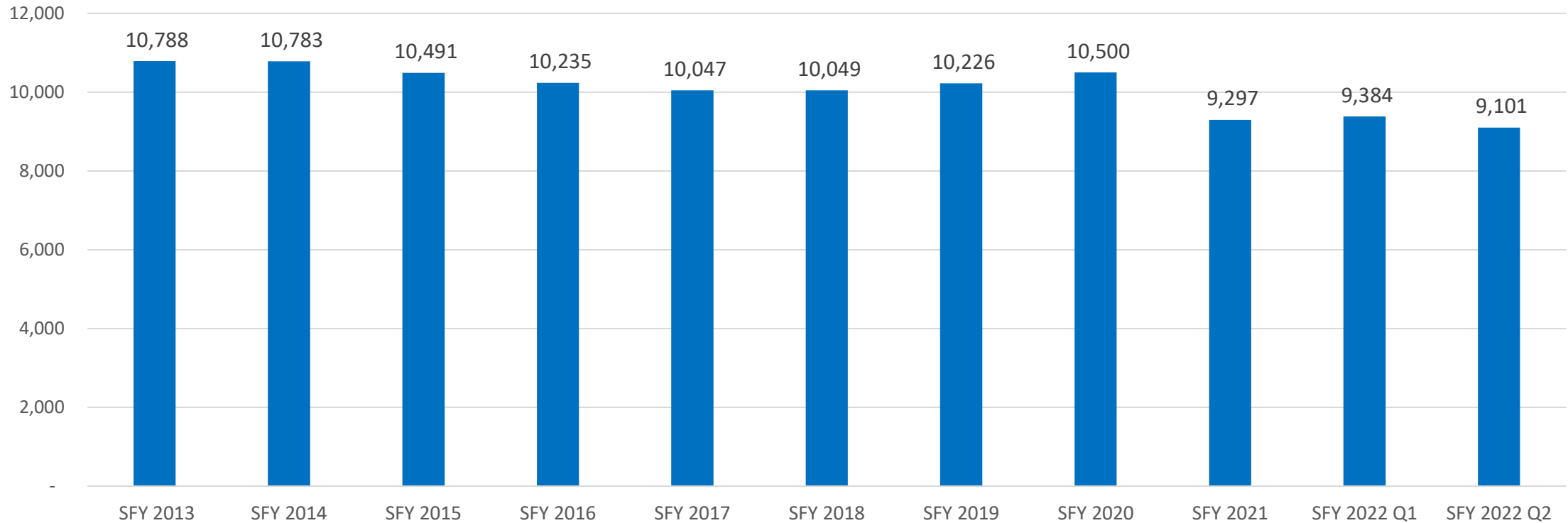
Nursing Facility Program

The Nursing Facility Program provides oversight of the following:

- Medicaid Enrollment
- Change of Ownerships
- Reimbursement/Rate Setting
- Auditing of Cost Reports
- Quality Care Assessment
- CMS Enforcement
- Ventilator Program
- PEAK 2.0
- Nursing Facility Regulations

Nursing Facilities Medicaid Monthly Average Caseload

Nursing Facilities Medicaid Monthly Average Caseload



Receiverships

- KDADS took 22 adult care homes into receivership due to insolvency or because life-threatening or endangering conditions existed at the facilities.
- The Receivership Statute was updated during the 2019 legislative session: K.S.A. 39-954.
- Of the twenty-two nursing facilities in receivership:
 - One facility closed in 2018, one sold in early 2019.
 - The fifteen Skyline facilities sold effective October 1, 2019.
 - One of the three Pinnacle Receivership facilities sold November 1, 2019.
 - One facility sold June 1, 2020.
 - One facility sold in August 2020.
 - A facility sold in February 2021.
 - One facility remains on the market for sale.

Home & Community Based Services

Home & Community Based Services (HCBS)

Amy Penrod, Commissioner, Long-Term Services & Supports

HCBS Waiver Enrollment—December 2021

HCBS Program	Number of People Eligible to Receive HCBS Services	Number of People on Wait List	Number of Proposed Recipients
Autism	57		381 (As of 012/31/2021)
Serious Emotional Disturbance (SED)	3,111		
Technology Assisted (TA)	660		
Frail Elderly (FE)	6,157		
Brain Injury (BI)*	828		
Intellectual and Developmental Disabilities (I/DD)	9,061	4,640	
Physical Disability (PD)	6,110	2,142	

Notes:

- Data as of January 18, 2022
- The HCBS Monthly Summary is posted under Monthly Waiver Program Participation Reports at [http://kdads.ks.gov/commissions/home-community-based-services-\(hcbs\)](http://kdads.ks.gov/commissions/home-community-based-services-(hcbs))

HCBS Waiver Projects in 2022

In addition to the day-to-day management of the seven HCBS Waiver programs, KDADS continues to focus on the following initiatives:

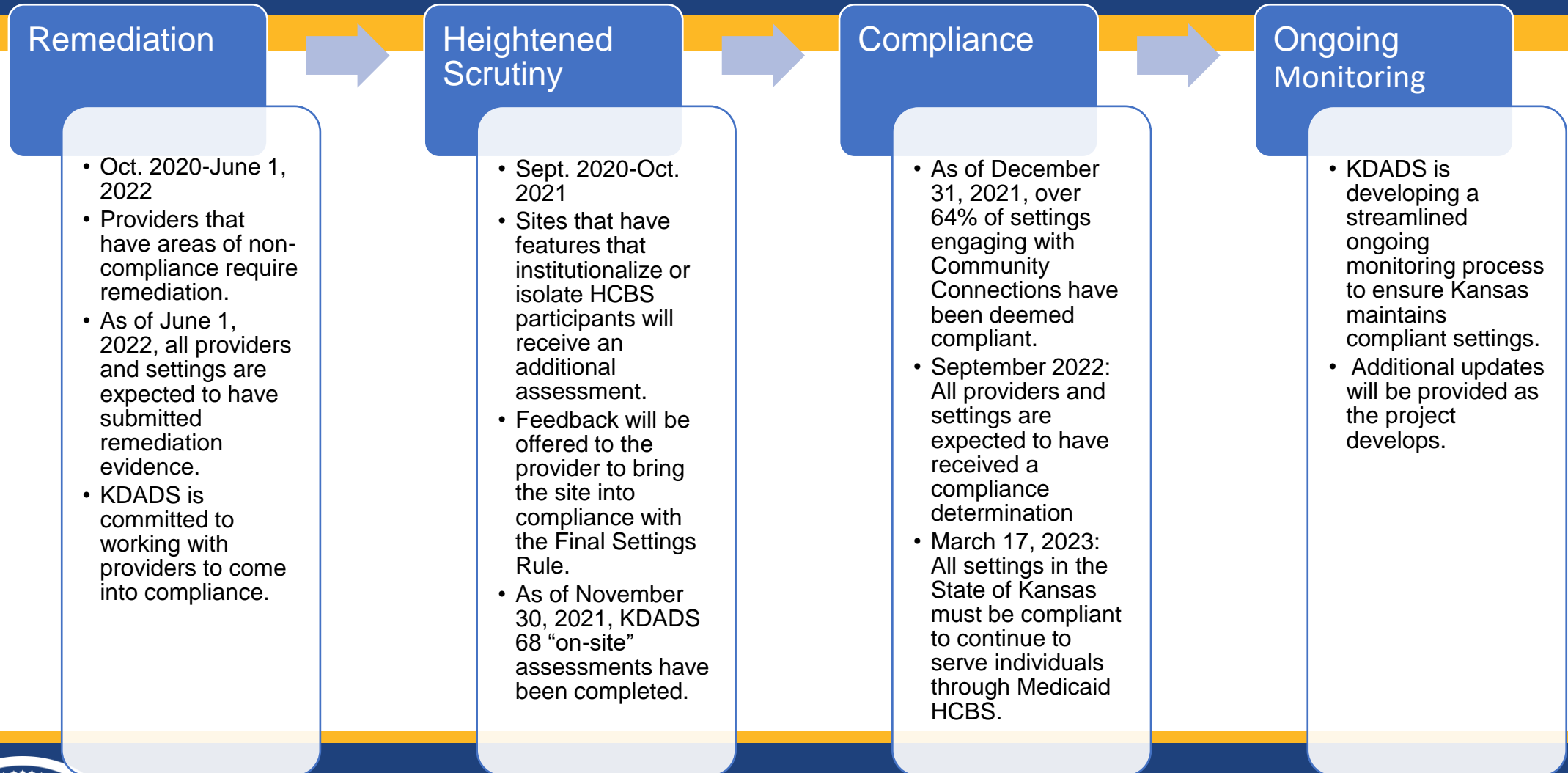
- 10% FMAP Enhancement Projects
- Final Settings Rule Compliance
- Brain Injury Waiver Policies
- Waiver Amendments for Telehealth, Paid Family Caregivers, and Waiver Quality Performance Measures
- Autism and SED Waiver Renewals (renews in 2022)

10% FMAP Enhancement Projects

KDADS is expected to draw down approximately \$80.3 million in additional federal match for Home and Community Based Services (HCBS) for which the State Funds savings must be reinvested in HCBS-related initiatives.

- KDADS and KDHE submitted the initial spending plan to CMS on July 9, 2021.
- Received Conditional Approval letter from CMS on January 31, 2022.
 - Begin the process of drawing down the enhanced match funding retroactive to April 1, 2021.
 - Initiate implementation of approved projects.
- Projects focus on Workforce, Employment, and Access to Care.
- Highest priority project is Workforce Recruitment & Retention Bonus Program.
 - Engaging a vendor to provide administrative services support for the project.

HCBS Final Rule



HCBS Final Rule



HCBS Final Settings Rule—Community Connections KS

- Community Connections is seeking opportunities to attend meetings, events, and conferences to continue outreach and education activities for the Final Settings Rule.
- Currently, Final Rule education sessions are occurring with persons served and their supports. Please contact LaTonia Wright at latonia1.wright@ks.gov if interested in scheduling a presentation for providers, advocacy groups, etc.
- Please visit the Community Connections website for Final Rule updates, remediation resources, and posts of past trainings: www.Communityconnectionsks.org

Brain Injury Waiver

Brain Injury Waiver Policy Workgroup

Key recommendations include:

- All waiver participants will start their services with a transition plan in place identifying their goals and the therapies and services needed to reach those goals. This will be part of the Person Centered Service Plan and will be reviewed every six months.
 - ✓ Scheduled for Q2 of 2022.
- A Services Review Team process will be established to review services for participants requiring a review of the needs of the waiver participant and program goals.
 - ✓ **Services Review Team pilot resulting in 4 closures, 3 transitions to PD waiver, and 2 continuing service.**
- Utilize a single evidence-based assessment to determine progress for all waiver participants. The Mayo-Portland assessment will be used to assist the service planning team to assess progress and rehabilitation needs.
 - ✓ **Assessment workgroup met 1/13/2022, planning for pilot of the assessment; will meet again in February.**
- Alignment of the Physical Disability Waiver Personal Care Services (PCS) rates to equal the Brain Injury PCS rates.
 - ✓ **Governor's Budget Recommendation includes an enhancement to address standardization of PCS rates.**
- Identify long-term waiver participants who have not utilized services and determine the need for transition.
 - ✓ MCOs have compiled and provided information and review by KDADS is currently underway.
- Continue stakeholder engagement to ensure program improvements meet the established goals.
 - ✓ KDADS will reconvene BI Workgroup after Services Review Team pilot to review results.

The additional datapoints required to be reported by HB 2007 can be found in the Appendix to this presentation.

HCBS Reimbursement Rates

Governor's Budget Recommendation

Increase Specialized Medical Care Rate for I/DD Waiver

- The Governor's Budget Recommendation includes an enhancement of \$1.67 million, of which \$665,049 is from the State General Fund, to increase the T1000 Specialized Medical Care rate for the I/DD Waiver to match the increase in rate provided by the 2021 Legislature for the Technology Assisted waiver.

Increase Lifetime Limit for Assistive Services

- The Governor's Budget Recommendation includes an enhancement of \$1.8 million, of which \$716,493 is from the State General Fund, to increase the lifetime limit for assistive services from \$7,500 to \$10,000.

Standardize PCS Rates

- The Governor's Budget Recommendation includes an enhancement of \$23.2 million, of which \$9.25 million is from the State General Fund, to standardize HCBS Personal Care Services (PCS) rates across waivers and to provide a further 2.0 percent rate increase.

HCBS Reimbursement Rates

Governor's Budget Recommendation

Service	Procedure Code	Current Rate	Proposed Rate	% Increase
Brain Injury (BI)				
Financial Management Services	T2040 U2	\$125.04	\$127.54	2.00%
Personal Services / Agency-Directed	S5125 U9	\$3.68	\$3.75	2.00%
Personal Services / Self-Directed	S5125 UB	\$3.24	\$3.30	2.00%
PHYSICAL DISABILITY (PD)				
Personal Services / Self-Directed	S5125 U6	\$3.08	\$3.30	7.30%
Personal Services / Agency Directed	S5125 U9	\$3.56	\$3.75	5.44%
Financial Management Services	T2040 U2	\$125.04	\$127.54	2.00%
FRAIL ELDERLY (FE)				
Personal Care Services / Level 1 / Agency Directed	S5130	\$3.68	\$3.75	2.00%
Personal Care Services / Level 2 / Agency Directed	S5125	\$4.06	\$4.14	2.00%
Personal Care Services / Level 3 / Agency Directed	S5125 UA	\$4.49	\$4.58	2.00%
Personal Care Services / Self-Directed	S5125 UD	\$2.96	\$3.30	11.65%
Comprehensive Support / Agency-Directed	S5135	\$3.68	\$3.75	2.00%
Comprehensive Support / Self-Directed	S5135 UD	\$2.96	\$3.30	11.65%
Financial Management Services	T2040 U2	\$125.04	\$127.54	2.00%
TECHNOLOGY ASSISTED (TA)				
Personal Care Services - Agency Directed	T1004	\$4.62	\$4.71	2.00%
Personal Care Services - Self Directed	T1019	\$3.61	\$3.68	2.00%
Financial Management Services	T2040 U2	\$125.04	\$127.54	2.00%
INTELLECTUAL DEVELOPMENTAL DISABILITY (IDD)				
Personal Care Services	T1019	\$3.08	\$3.75	21.87%
Financial Management Services	T2040 U2	\$133.91	\$136.59	2.00%
SEVERE EMOTIONAL DISTURBANCE (SED) Waiver				
Attendant Care	T1019 HK	\$6.52	\$6.65	2.00%

Behavioral Health Services

Behavioral Health Services

Drew Adkins, Assistant Commissioner, Behavioral Health Services

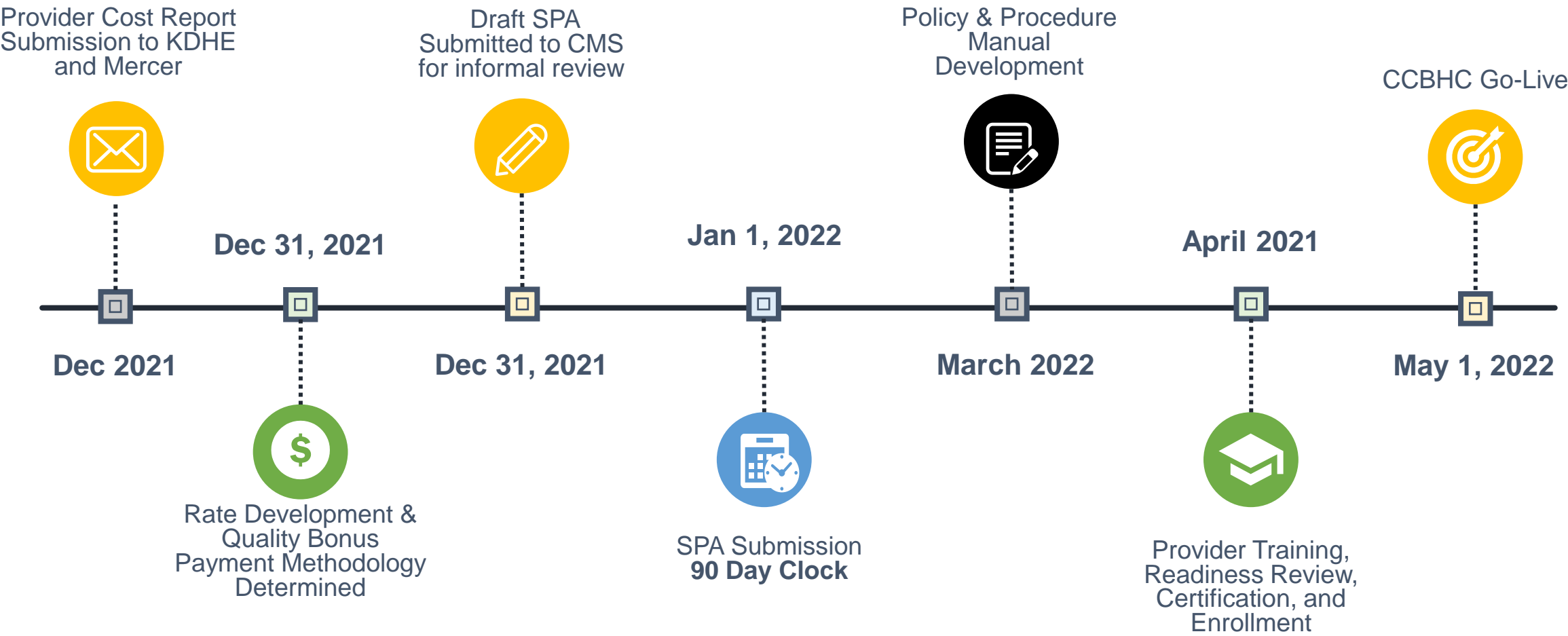
Psychiatric Residential Treatment Facilities

- Current MCO wait list as of 1/27/22 was 152, which is up 6 from the previous report.
 - Of the 152 individuals, 42 were in foster care which is up 1 from the previous report.
- Current number of PRTF licensed beds is 424. 161 of these beds are not being used by providers due mainly to staffing shortages and Covid-19 protocols shrinkage. Current census is 263 total, of which 68 are foster care youth.
- KDADS continues to meet with MCOs and DCF weekly to review individual cases on the wait list.
- All 3 MCOs continue to make good progress on connecting members to community services.
- KDADS has begun analyzing referral data from MCOs by CMHC catchment area to determine if SED waiver services are being applied for and provided prior to referral to PRTFs.

CCBHC Updates

- KDADS and KDHE continue to work together to implement readiness for CCBHC certification by May 2022.
- BHS has hired all staff for the CCBHC Team.
- KDADS continues to work with KDHE and consultants to complete the State Plan Amendment for CCBHC services.
- KDHE and KDADS continue work on MMIS policies for CCBHCs.
- KDADS staff have begun preparations for desk reviews of CCBHC cost reports.
- KDADS staff have begun on-site visitations with CCBHC applicants.

Kansas CCBHC Timeline



Client Assessment Referral and Evaluation (CARE)

Pre-Admission Screen and Resident Review (PASRR)

- The 2021 State Fiscal Year Annual CARE Report is available on the KDADS website under the Client Assessment Referral and Evaluation section (<https://kdads.ks.gov/provider-home/care-provider-information>).
- KDADS recruited temporary workers and assistance from current BHS staff to work on the non-Medicaid nursing facility admission assessments still pending data entry into the system.
- Level II Evaluation request for proposal is pending Department of Administration review and publication to contract with staff not associated with Community Mental Health Centers or Nursing Facilities for Mental Health to avoid conflict of interest or perceived conflicts of interest.

Client Assessment Referral and Evaluation (CARE)

Pre-Admission Screen and Resident Review (PASRR)

- The CARE Team consists of the following positions:
 - CARE Program Manager (1)
 - CARE II Nurse (1)
 - CARE Specialist (2)
 - CARE Temps (2)
- During State Fiscal Year 2021, the CARE team has completed the following Level II Evaluations:
 - 275 First time Level II Evaluations for SPMI
 - 44 First time Level II Evaluations for IDD/DD/RC
 - 122 Resident Reviews for Level II clients already in the nursing facility for SPMI
 - 08 Resident Reviews for IDD/DD/RC
 - 116 Canceled as they did not meet criteria for a Level II Evaluation

Agreement - Nursing Facilities for MH

- NFMH Administrator hired to manage all aspects related to the NFMH Pre-Litigation Settlement Agreement.
- Informed Choice Trainer hired to assist with updating manuals and program materials for education to internal and external partners. Another Informed Choice Trainer will be hired.
- Multiple request for proposals in process including case management, assertive community treatment (ACT), and individual placement and support services (IPS).
- KDADS facilitated its second quarterly meeting with DRC and external parties on January 26th 2022 with clear expectation of standards and procedures moving forward. KDADS continues to work on establishing baseline data and internal procedures to assess measurements.

Quality Assurance

- Quality Assurance team 75% hired to include a QA Manager, Supported Employment (IPS) specialist, and Assertive Community Treatment (ACT) specialist.
- Working to ensure staff are trained and ready for fidelity reviews with the CCBHC implementation.
- Plan to look at ways that we can expose Quality Assurance to BHS and help keep tabs on metrics, benchmarks, and measures that will help us achieve excellence.

Survey, Certification & Credentialing

Survey, Certification & Credentialing

Scott Brunner, Deputy Secretary of Hospitals & Facilities

Lacey Hunter, Commissioner, Survey, Certification & Credentialing

Long Term Care Staffing

Regulations

Under the authority of [HB 2477](#) and in conjunction with Current [Federal 1135 Waivers](#):

Allows Temporary Aides to work providing resident care with 8 hours of training through January 20, 2023.

Extends any renewal deadline for any occupational or professional license, certificate or registration issued by the Kansas Department for Aging and Disability Services through January 20, 2023.

Allows temporary credentials for people previously licensed by KDADS.

- Upon application, could temporarily reactivate a license that had been issued after January 6, 2017. The temporary credentials expire January 20, 2023.

Extends any deadline for continuing education requirements mandated by the Kansas Statutes Annotated, and amendments thereto, or any rule and regulation through January 20, 2023.

Allows temporary licenses for facilities needing to respond to outbreaks for proper co-horting.

Long Term Care Staffing

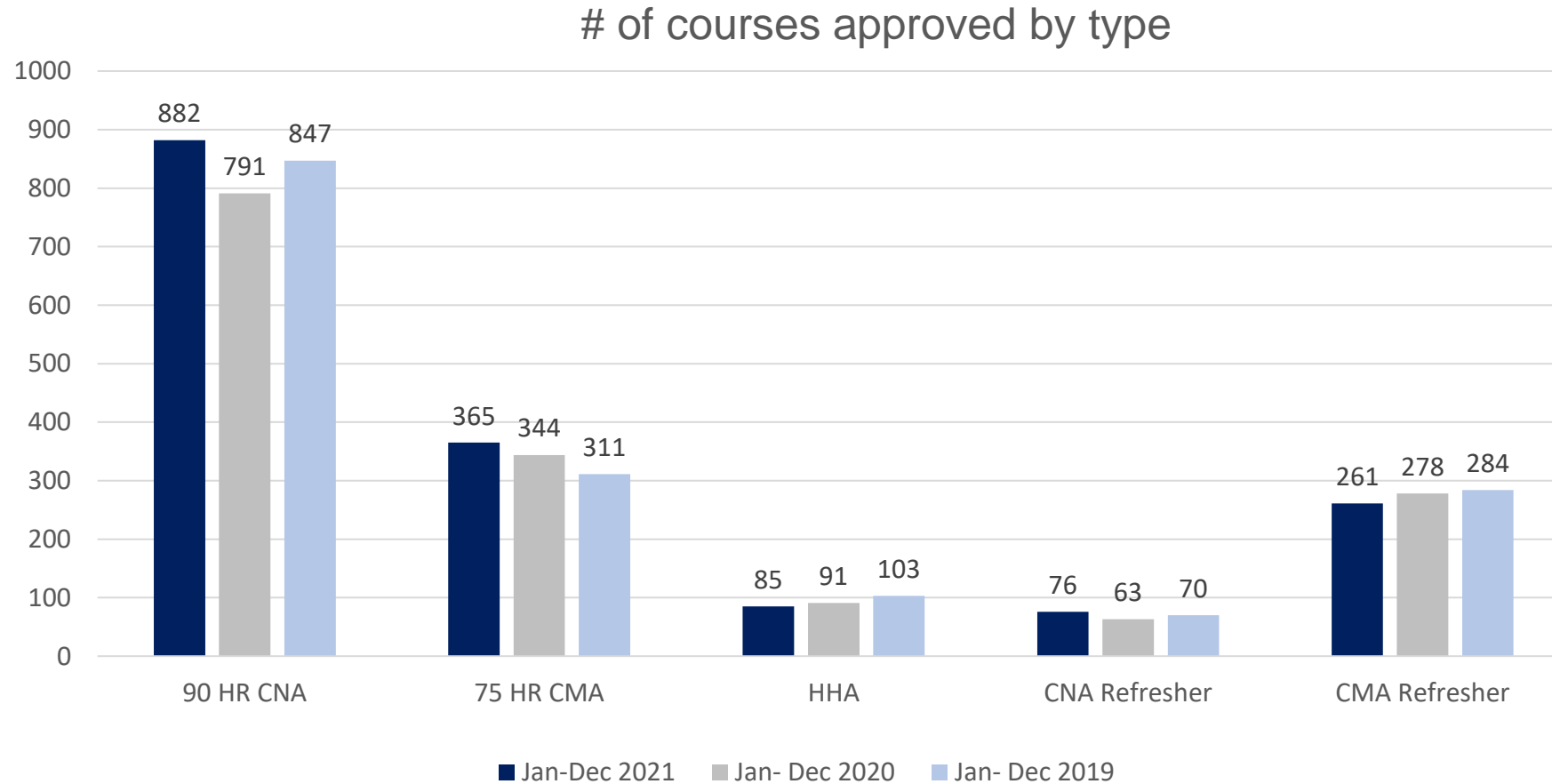
The two exceptions listed below are authorized for CNA/CMA courses that started on or before January 1,2022.

- 1) Simulated Labs for the clinical portion for CNA and CMA courses.
- 2) CNA Trainee II HRS may count towards the required 25hrs of Part II clinicals

These exceptions will be granted on a case-by-case basis and only if the no clinical sites are available. The sponsor of the course needs to make sure all clinical sites options have been exhausted.

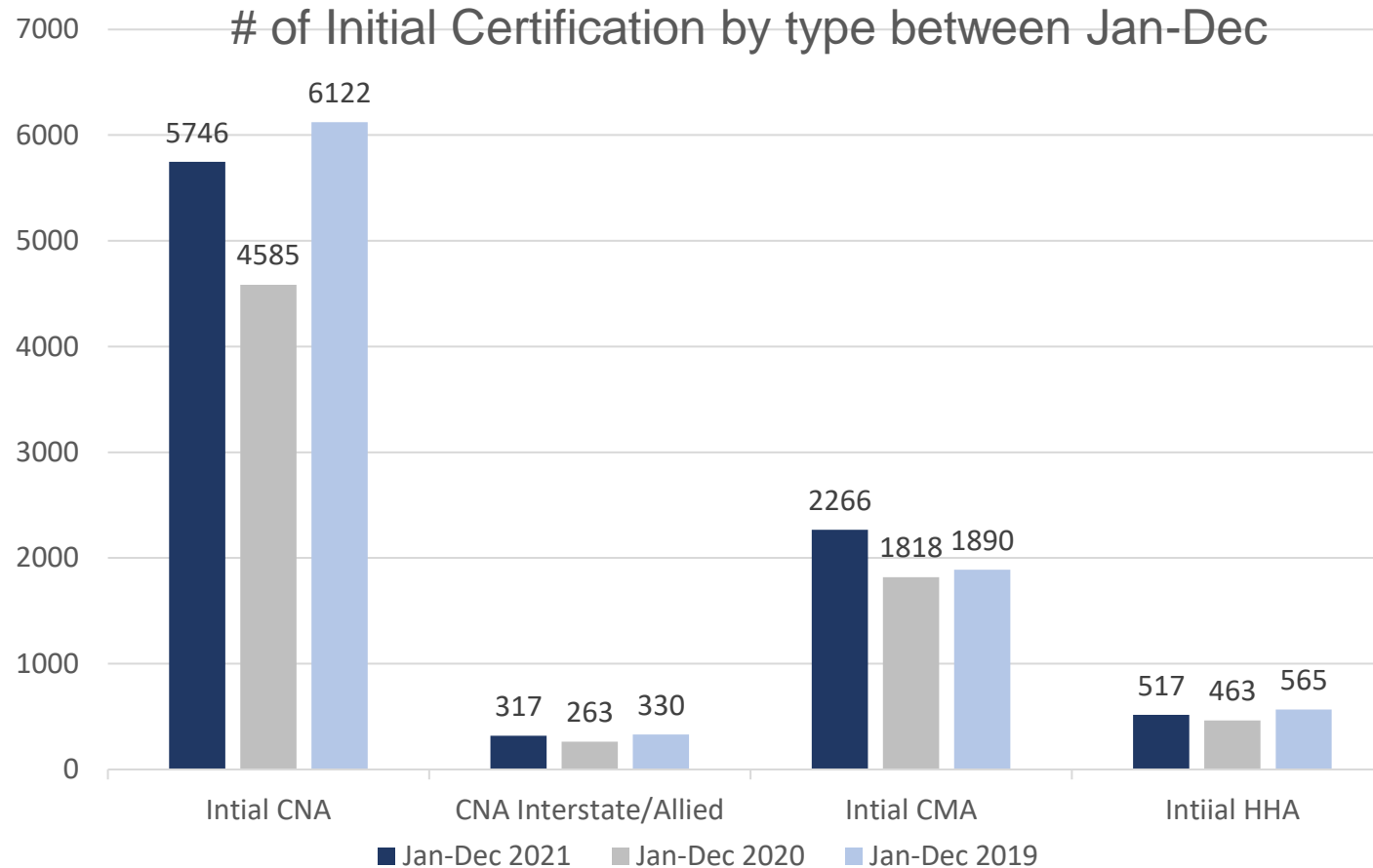
Direct Care Workforce

Yearly Comparison Based on # of Courses Approved by Start Date



Direct Care Workforce

Yearly Comparison for Initial Certification



KDADS PEAK Overview

PROMOTING EXCELLENT ALTERNATIVES IN KANSAS NURSING HOMES (PEAK)

The Kansas Department for Aging and Disability Services (KDADS) is committed to ensuring high quality services for Kansas nursing home residents. For the past ten plus years, KDADS has been recognizing nursing homes for successfully implementing culture change through the Promoting Excellent Alternatives in Kansas Nursing Homes program, commonly known as PEAK. From the beginning of PEAK, KDADS pursued two primary goals. First, the agency presented annual awards to homes which accomplished significant [culture change](#). Second, KDADS worked to educate others about the culture change movement and the accomplishments being made in Kansas.



Beginning in 2012, PEAK expanded from a recognition program to a pay-for-performance Medicaid program in efforts to speed up the rate of adoption of person-centered care practices in Kansas nursing homes. The program had an overwhelming response, with 125 homes enrolling in PEAK 2.0 the first year. It was unexpected that such a large number of participants would get involved so KDADS quickly arranged a partnership with the Kansas State University (KSU) Center on Aging to administer the program. To date, 165 homes are actively involved in the program.

KDADS continues to manage payment of incentives earned, but the KSU Center on Aging handles program administration including application, education and evaluation. [Please visit the KSU Center on Aging website to learn more about the program.](#)



KDADS PEAK Update

Advisory Board and PEAK Team

PEAK Advisory Board: This group broke into three work groups:

1. PEAK Program Revision Group
2. Recruitment Group: Recruiting dropped homes & recruiting homes to the revised program
3. PEAK Criteria and COVID considerations.

The PEAK Criteria and COVID considerations group will present their recommendations to the full PEAK group at its meeting in February. They will recommend some temporary changes to the criteria for the 2022-23 year for the full group to consider.

Meeting with all homes in the program via Zoom to discuss COVID challenges, review PEAK status and an individualized plan for each home, which includes an abbreviated self-audit process, and a discussion of the impact of the upcoming program revisions on the home specifically with suggestions about how to best move forward.

Workforce/Staffing interviews: The PEAK team is conducting interviews with frontline workers (both those employed by the home or agency) to learn more about their workplace experience through COVID. We have completed multiple interviews with about 20 homes across the state. These are qualitative interviews to identify themes or trends surrounding workforce conditions/experiences during COVID, as well as indicators that might drive workplace shortages.

KDADS Response

Antipsychotic Drugs – Follow Up Questions from Senior Care Task Force

What is the level of antipsychotic use in residential facilities other than certified nursing facilities, such as SLO facilities and Home Plus?

There is no survey measure or reportable measure for these types of facilities. There is some possible bandwidth that the MCO's be able to identify some of these measures for HCBS client's living in a state licensed only adult care home setting. There are however some safeguards in place but with the ability to self manage and administer medications in these setting it makes it more difficult to know true totals.

- *Medication orders. Only a licensed nurse or a licensed pharmacist may receive verbal orders for medication from a medical care provider. The licensed nurse shall ensure that all verbal orders are signed by the medical care provider within seven working days of receipt of the verbal order.*
- *Standing orders. Only a licensed nurse shall make the decision for implementation of standing orders for specified medications and treatments formulated and signed by the resident's medical care provider. Standing orders of medications shall not include orders for the administration of schedule II medications or psychopharmacological medications.*
- *A licensed nurse informs the resident or the resident's legal representative that the medication did not go through the usual process of labeling and initial review by a licensed pharmacist pursuant to K.S.A. 65-1642 and amendments thereto, which requires the identification of both adverse drug interactions or reactions and potential allergies. The resident's clinical record shall contain documentation that the resident or resident's legal representative has received the information and accepted the risk of potential adverse consequences.*

KDADS Response

Antipsychotic Drugs – Follow Up Questions from Senior Care Task Force

Q: Do the MCOs always exclude schizophrenia, Huntington's Disease, and Tourette's Syndrome when reporting totals for antipsychotic drug use?

Yes, That is the way the Pay for Performance measure is defined by the state. The measure is "*Percentage of long-term stay nursing home residents who are receiving an antipsychotic medication, excluding those residents diagnosed with schizophrenia, Huntington's Disease or Tourette's Syndrome.*"

This reflects the CMS Quality Measure used in Nursing Home Compare, along with the measure specifications utilized in the nursing facilities' MDS assessment required by CMS.

MCOs Response

Antipsychotic Drugs – Follow Up Questions from Senior Care Task Force

Q: What steps are MCOs taking to track the diagnoses excluded from antipsychotic drug measurements?

Aetna Better Health has a clinical workgroup that meets routinely to review members who are identified as being prescribed antipsychotic medications. Reconciliation of diagnoses, included those excluded, is completed through member information obtained by Aetna Better Health through care management, claims, etc., and/or through medical records received from the facility.



United Healthcare follows the specifications of the pay for performance measure using the CMS MDS data indicating medications received that are in the antipsychotic category excluding UHC members with a diagnosis of Huntington's Disease, Tourette's Syndrome, or Schizophrenia.



We review the CMS MDS survey data provided by KDADS. This is the data source the State uses for the P4P measure. We also review claims Sunflower receives and member health assessments. We use the claims and health assessment information to educate facilities about completing the MDS Correctly or updating during reassessment to accurately reflect the current diagnosis.



Long Term Care Surveys

- Nursing Facilities
 - Initial and Recertification Surveys
 - Complaint investigations that are triaged as Immediate Jeopardy, Non-Immediate Jeopardy-High or Non-Immediate Jeopardy Medium
 - On-site Revisits
 - Special Focus Facility Surveys

- State Licensed Only Adult Care Homes
 - Annual Licensure Surveys
 - Complaint investigations that are triaged as Immediate Jeopardy, Non-Immediate Jeopardy-High or Non-Immediate Jeopardy Medium
 - On-site Revisits
 - Initial Licensure Surveys

SUMMARY		
	N	%
SURVEYS:	234	
ZERO DEF SRVYS:	18	7.7%
G+ SRVYS:	27	11.5%
DEF:	1351	
DEF/SURVEY:	5.8	
G+ DEF:	32	2.4%
G+ DEF/SURVEY:	0.14	0.00%
SUB F DEF:	0	

HEALTH RESURVEY DEFICIENCY DATA
January 1 - December 31, 2021 TOP 10 G+

0686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	10
0689	Free of Accident Hazards/Supervision/Devices	8
0692	Nutrition/Hydration Status Maintenance	3
0600	Free from Abuse and Neglect	2
0610	Investigate/Prevent/Correct Alleged Violation	2
0697	Pain Management	2
0554	Resident Self-Admin Meds-Clinically Approp	1
0603	Free from Involuntary Seclusion	1
0740	Behavioral Health Services	1
0757	Drug Regimen Is Free from Unnecessary Drugs	1
0803	Menus Meet Resident Nds/Prep In Adv/Followed	1

SUMMARY		
	N	%
SURVEYS:	193	
ZERO DEF SRVYS:	89	46.1%
G+ SRVYS:	15	7.8%
DEF:	440	
DEF/SURVEY:	2.3	
G+ DEF:	17	3.9%
G+ DEF/SURVEY:	0.09	

HEALTH RESURVEY DEFICIENCY DATA
January 1 - December 31, 2021 TOP 10 G+

TAG		
3155	Health Care Services	4
5205	Disaster and Emergency Preparedness	3

COVID-19 Priorities & Issues

Visitation Guidance Updated 11/22/2021

Facilities must allow indoor visitation at all times and for all residents as permitted under the regulations. While previously acceptable during the PHE, facilities can no longer limit the frequency and length of visits for residents, the number of visitors, or require advance scheduling of visits.

CMS and CDC continue to recommend facilities, residents, and families adhere to the core principles of COVID-19 infection, including physical distancing (maintaining at least 6 feet between people).

While it is safer for visitors not to enter the facility during an outbreak investigation, visitors must still be allowed in the facility. Visitors should be made aware of the potential risk of visiting during an outbreak investigation and adhere to the core principles of infection prevention.

While not recommended, residents who are on transmission-based precautions (TBP) or quarantine can still receive visitors. In these cases, visits should occur in the resident's room and the resident should wear a well-fitting facemask (if tolerated). Before visiting residents, who are on TBP or quarantine, visitors should be made aware of the potential risk of visiting and precautions necessary in order to visit the resident. Visitors should adhere to the core principles of infection prevention. Facilities may offer well-fitting facemasks or other appropriate PPE, if available; however, facilities are not required to provide PPE for visitors.

COVID-19 Priorities & Issues

Visitation Guidance Updated 11/22/2021

If the adult care home's county COVID-19 community level of transmission is at a substantial or high level, all residents and visitors, regardless of vaccination status, should wear face coverings or masks and physically distance, at all times.

In areas of low to moderate transmission, the safest practice is for residents and visitors to wear face coverings or masks and physically distance, particularly if either of them is at increased risk for severe disease or are unvaccinated.

If the resident and all their visitor(s) are fully vaccinated and the resident is not moderately or severely immunocompromised, they may choose not to wear face coverings or masks and to have physical contact. Visitors should wear face coverings or masks when around other residents or healthcare personnel, regardless of vaccination status.

State Hospitals

State Hospitals

Scott Brunner, Deputy Secretary of Hospitals & Facilities

Staff Recruitment & Retention

24/7 Facility Pay Plan: Raise the base pay rates for nursing staff at the state hospitals and other 24/7 facilities

The pay plan includes the following for state employees:

- Permanent Base Pay Increases for all KDOC Job Classes & Nursing Job Classes
- Temporary Pay Differentials for Hourly Employees in the following areas:
 - Differential #1: All 24/7 Facility Staff
 - Differential #2: Uniformed KDOC Security Staff at 24/7 Facilities
 - Differential #3: Nursing Staff at 24/7 Facilities
 - Differential #4: All Staff Working at 24/7 Facilities that are designated at “critical staffing levels” with 25% (or higher) vacancy rates.
- One-Time, \$3,500 Bonuses for Salaried Staff at KDOC, KDADS and KCVAO 24/7 facilities.

Started appearing on employee paychecks on January 7, 2022.

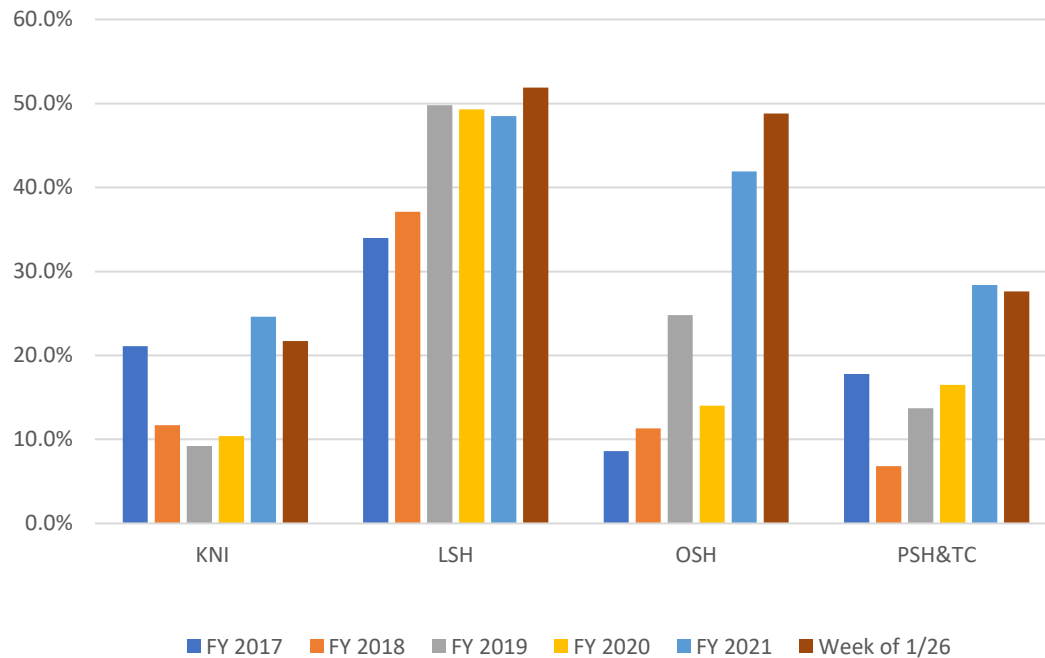
KDADS received \$9.6 million from the SPARK Committee for the FY 2022 costs of these increases.

Funding for FY 2023 included in the Governor’s Budget recommendation.

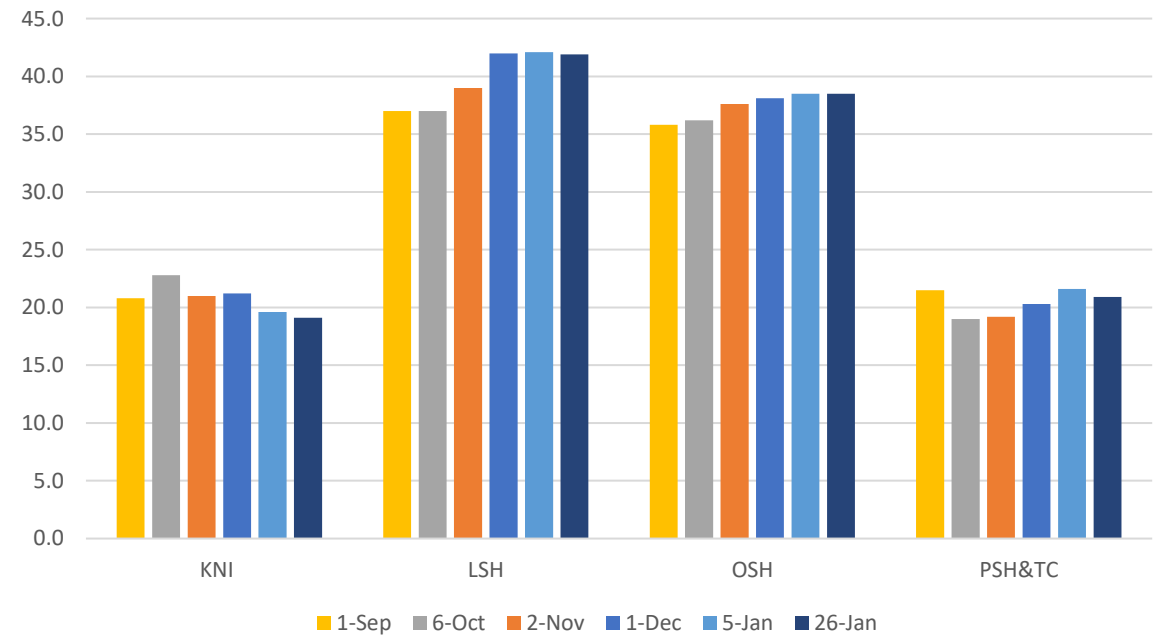
Recruiting and Retaining Staff

State Hospital Staffing

Direct Care Vacancy Rates by Fiscal Year



Hospital Vacancy Rate All Positions



Moratorium Lifted

Lifting the moratorium on voluntary admissions includes a mix of bed capacity at Osawatomie State Hospital (OSH) and increasing community-based capacity for inpatient treatment.

The Moratorium on Voluntary Admissions to OSH started in June 2015.

Lifted the moratorium for voluntary admissions on January 3rd, 2022.

OSH staff met with the OSH catchment area Mental Health Centers on December 20th.

Notification went to the Supreme Court and District Courts in the catchment area December 30th.

Started reviewing screening forms for hospital admissions criteria for voluntary patients on January 3rd.

Social detoxification services, through 3 reserved beds, was delayed due to staffing shortages. Started reserving 3 beds for social detox starting January 24th.

State Institution Alternatives

Cottonwood Springs	Olathe
KVC Hospitals - Kansas City	Kansas City
KVC Hospitals - Wichita	Wichita
Newton Medical Center (NMC)	Newton
Prairie View, Inc.	Newton
South Central Kansas Medical Center	Arkansas City
Via Christi	Wichita
Anew Health (coming soon)	Shawnee

Utilization from August 30 through January 28, 2021:

184 adults

373 children

Based on an average length of stay of 14 days, the utilization is equivalent to 17 beds.

Biddle Remodel

KDADS' budget includes an enhancement of \$1.4 million for an additional 36.00 FTE positions to staff the new unit being opened to accommodate the influx of patients and maintain the continuum of care needed for voluntary and involuntary admissions. This is an additional 7.00 FTE positions over what the 2020 Legislature approved but OSH did not utilize at the time due to the moratorium. However, these positions are now needed allow room for the facility to grow in staffing as the moratorium is lifted.

B2 Remodel:

- Demolition is complete and construction is nearly finished.
- Expected date to occupy renovated space is January 25, 2022.
- Completion date was pushed back due to back order of patient room doors.
- Adds 14 patient rooms to allow patient moves to accommodate additional renovations.

East Biddle Remodel:

- Schematic design drawings are 95% complete.
- Design and plans are being updated based on recommendations from certification consultant.
- Working on revised construction timelines based on revised project plans.
- Projected date to occupy renovated space is September 2023 but we will push for an earlier date.

Staff Recruitment

Continued effort to recruiting additional staff

- Raised Mental Health Disability Technician starting wages in July.
- Governor announced base pay increases for nurses in 24/7 facilities and incremental hourly increases for other staff. Funding authorized by SPARK Committee for FY22.
- Adding and extending contracts for nurses, aides, and social workers.

Additional Program Changes – Social Detox

- The Governor's budget proposal includes \$993,018 from the State General Fund for 5.00 FTE positions to create a Social Detox Program.
- This was available before the moratorium was imposed in 2015.
- A person in law enforcement custody under the influence of a substance and mental health may be an issue, can be brought to OSH for a 24-hour hold.
- After the detox period, the person could be screened for involuntary or voluntary ongoing treatment for their mental health needs.
- Reserving 3 beds on the Adair Acute Care unit for this purpose.
- OSH staff have or can qualify to receive addiction counseling certifications.

Implementing Census Management

How to avoid filling the hospital above capacity and risk losing certification?

Census Management

- All patients must be screened through the Community Mental Health Centers to verify clinical need.
- Admit patients involuntarily committed by the Courts and voluntary patients that seek care that meet clinical criteria.
- Authorize admissions up to a capacity threshold for both voluntary and involuntary patients. When occupancy reaches 85% of capacity, involuntary admissions are prioritized.
- As of January 28, no patients meeting voluntary criteria have been admitted.

Appendix

Savings Resulting from Transfers to HCBS

- In most, but not all cases, services provided in the community do cost less than those provided in an institutional setting such as an ICF/IDD or a nursing facility.
- However, “savings” are only realized if a bed is closed behind the person transferring to HCBS.
- Due to demand, beds are typically refilled by individuals requiring the level of care provided by the facilities, therefore, the beds are not closed.
- As certified by the Secretary for Aging and Disability Services, despite individuals moving into community settings that does have the effect of cost avoidance, the savings resulting from moving the individuals to home and community based services, as of December 31, 2021, was \$0.
- The balance in the Kansas Department for Aging and Disability Services Home and Community Based Services Savings Fund as of December 31, 2021, was \$0.

Program of All-Inclusive Care for the Elderly (PACE)

PACE Enrollment

PACE Program	Enrollment
Ascension Via Christi Hope	286
Midland Care	421
Bluestem Communities	98
Total PACE Enrollment	805

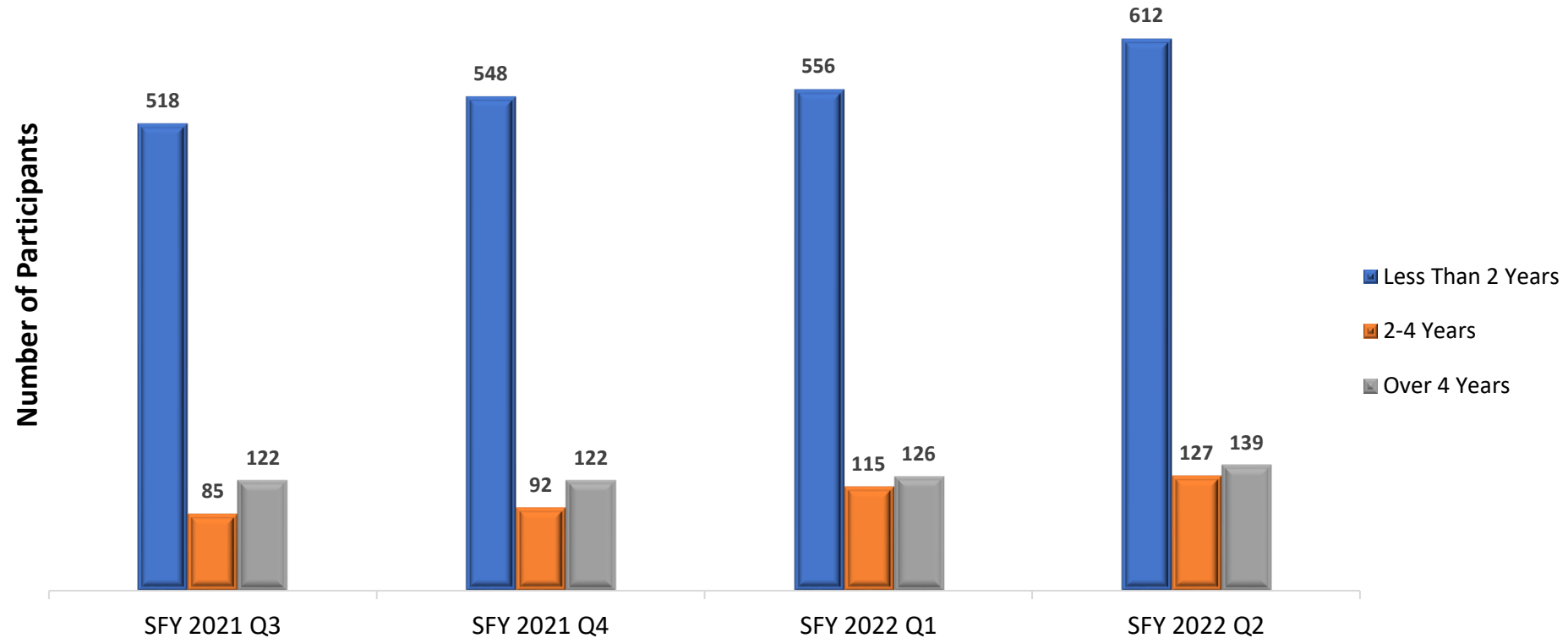
Note: Data as of January 26, 2022. Beginning in FY23, PACE will be incorporated into caseloads.

Administrative Case Management

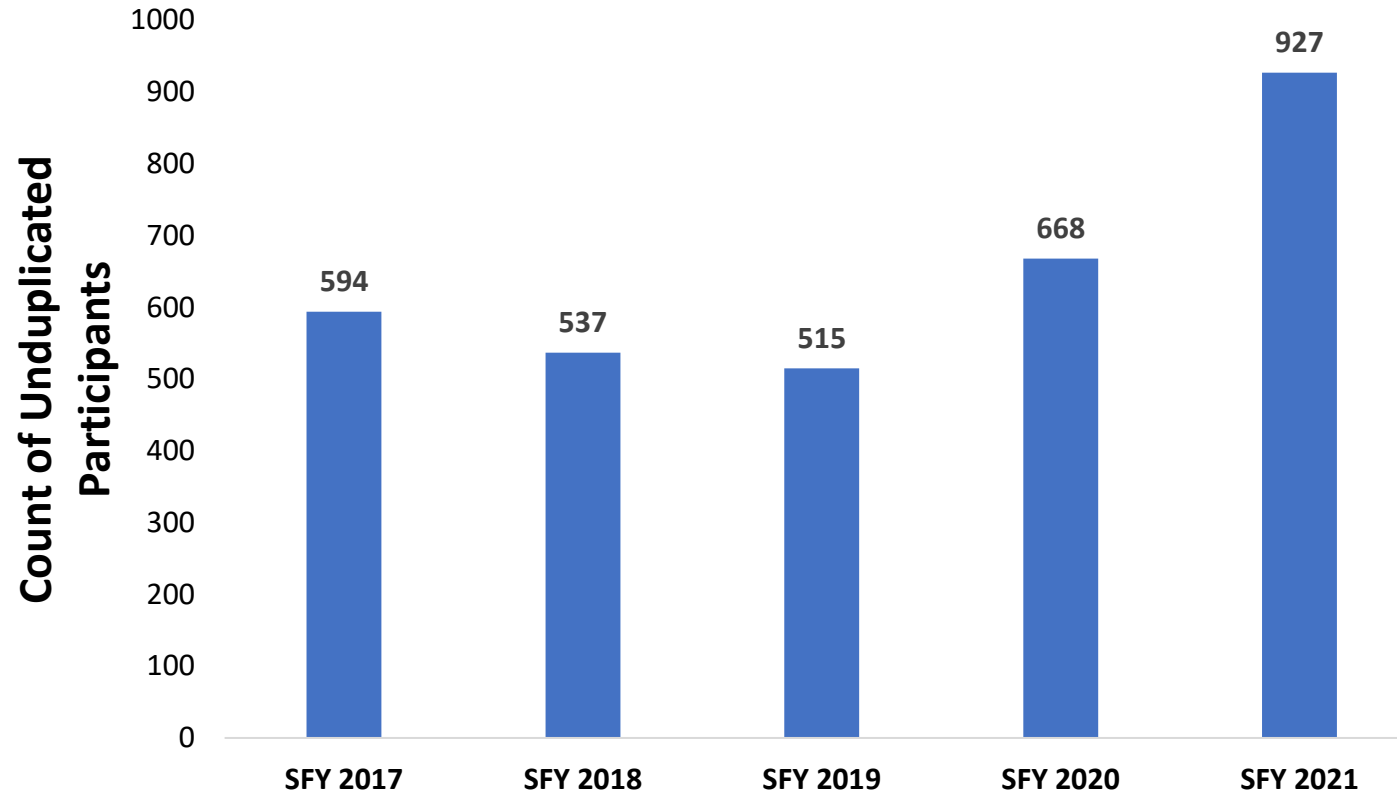
Administrative Case Management provides eligibility and enrollment assistance to individuals who have been found functionally eligible for the Brain Injury, Physical Disability, and Frail Elderly waivers, as well as PACE.

Administrative Case Management			
CY 2021	# Unduplicated Served	# Units	# Hours
January	565	2,387	596.75
February	640	3,020	755.00
March	689	3,443	860.75
April	651	2,713	678.25
May	589	2,792	698.00
June	557	3,134	783.50
July	640	3,191	797.75
August	645	3,337	834.25
September	623	3,123	781.00
October	653	3,123	781.00
November	615	2,261	565.25
December	635	2,458	614.50
Total		34,982	8,746.00

HCBS/BI Participants by Length of Stay

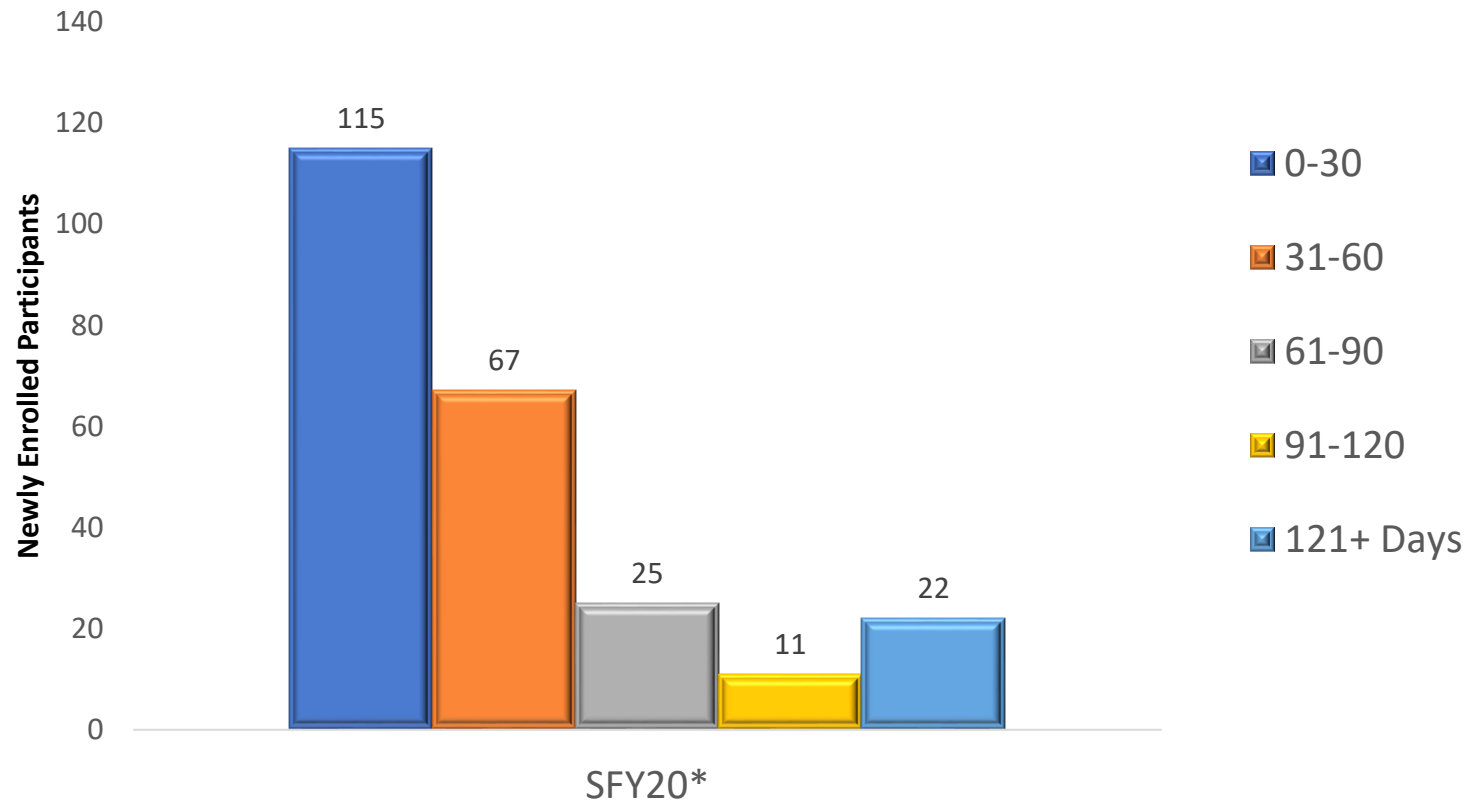


Annual Unduplicated Count of Participants by HCBS/BI Waiver Year



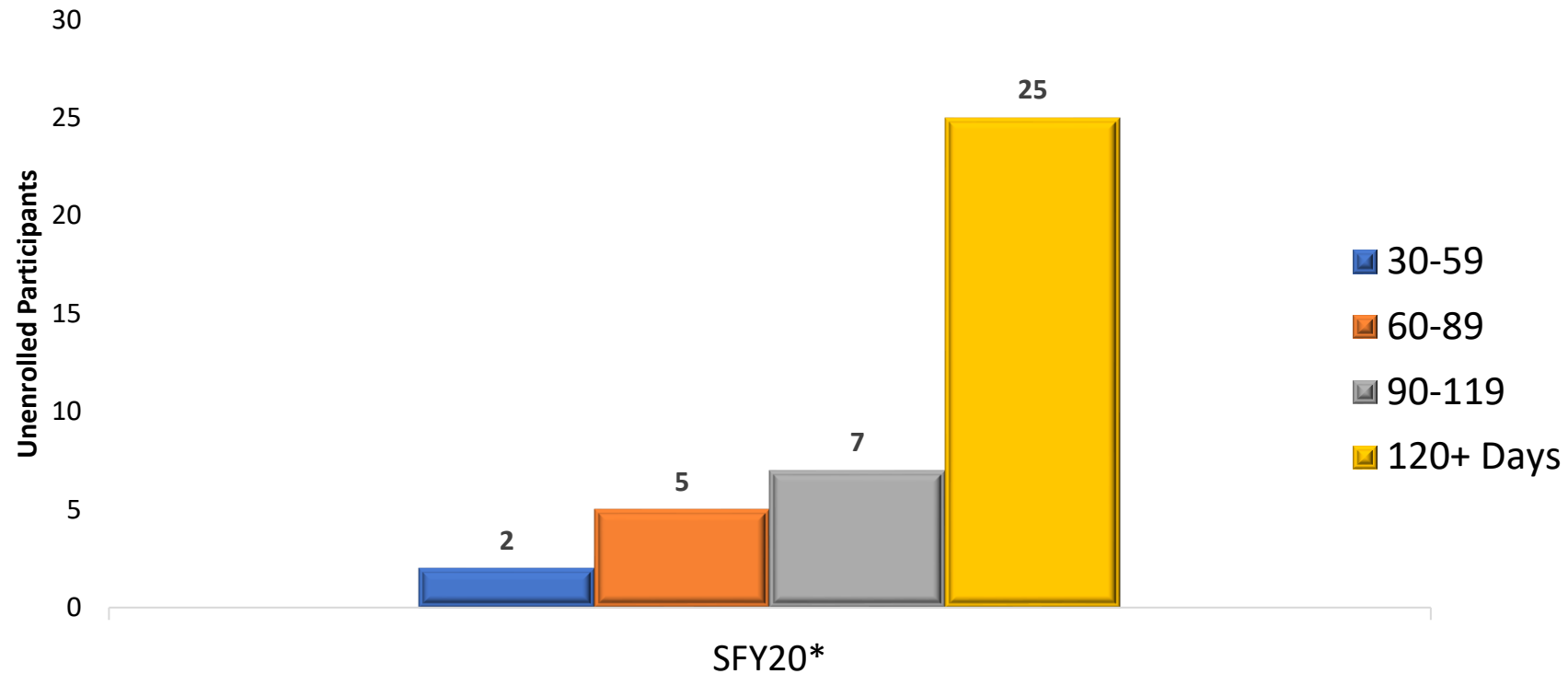
*HCBS/BI waiver operates on a SFY timeframe.

Participants Who Received Initial Services Within X Days from Enrollment on the HCBS/BI Program (SFY20)



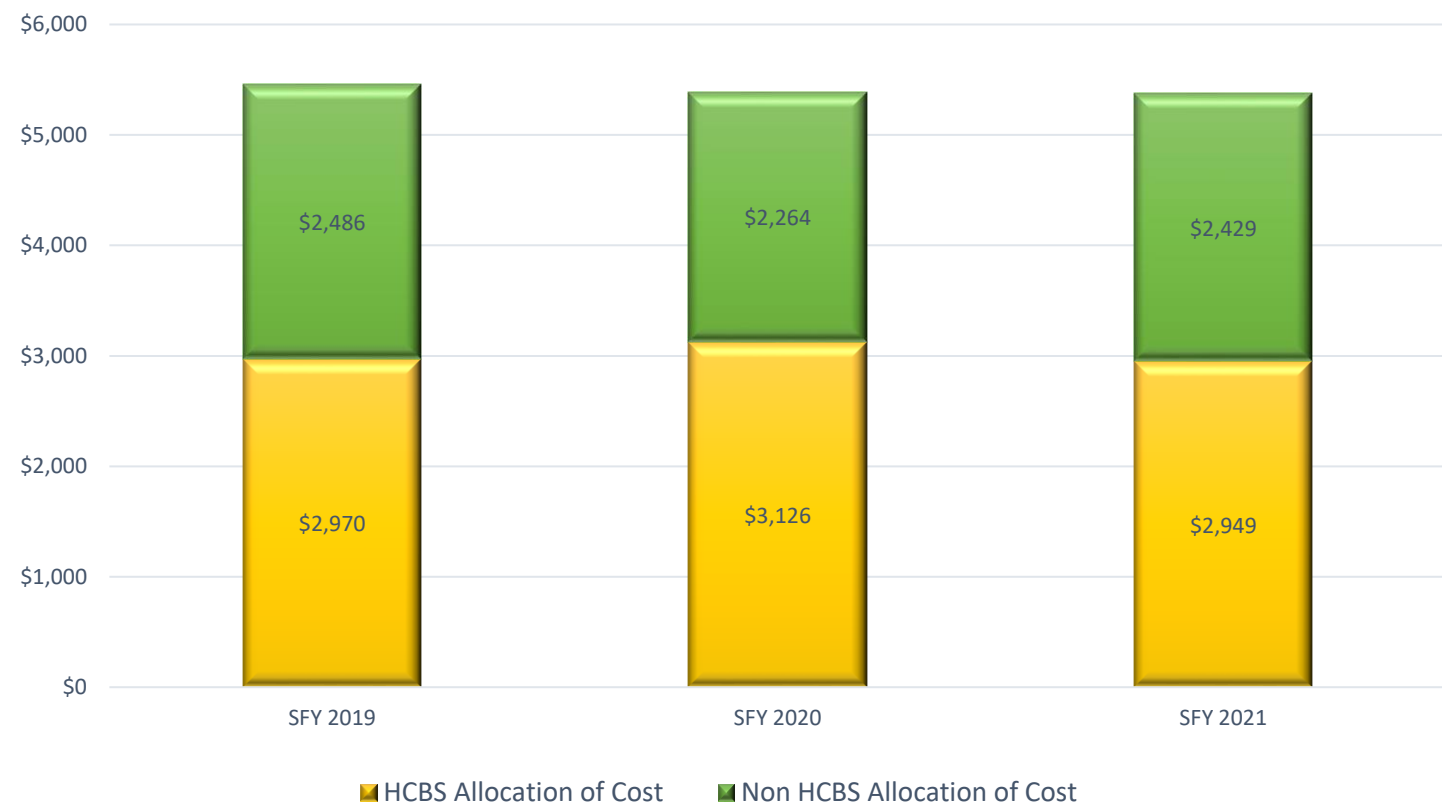
*Data is pulled a year from current time to account for claims lag

Last Service Received Prior to Unenrollment from HCBS/BI Program (SFY20)

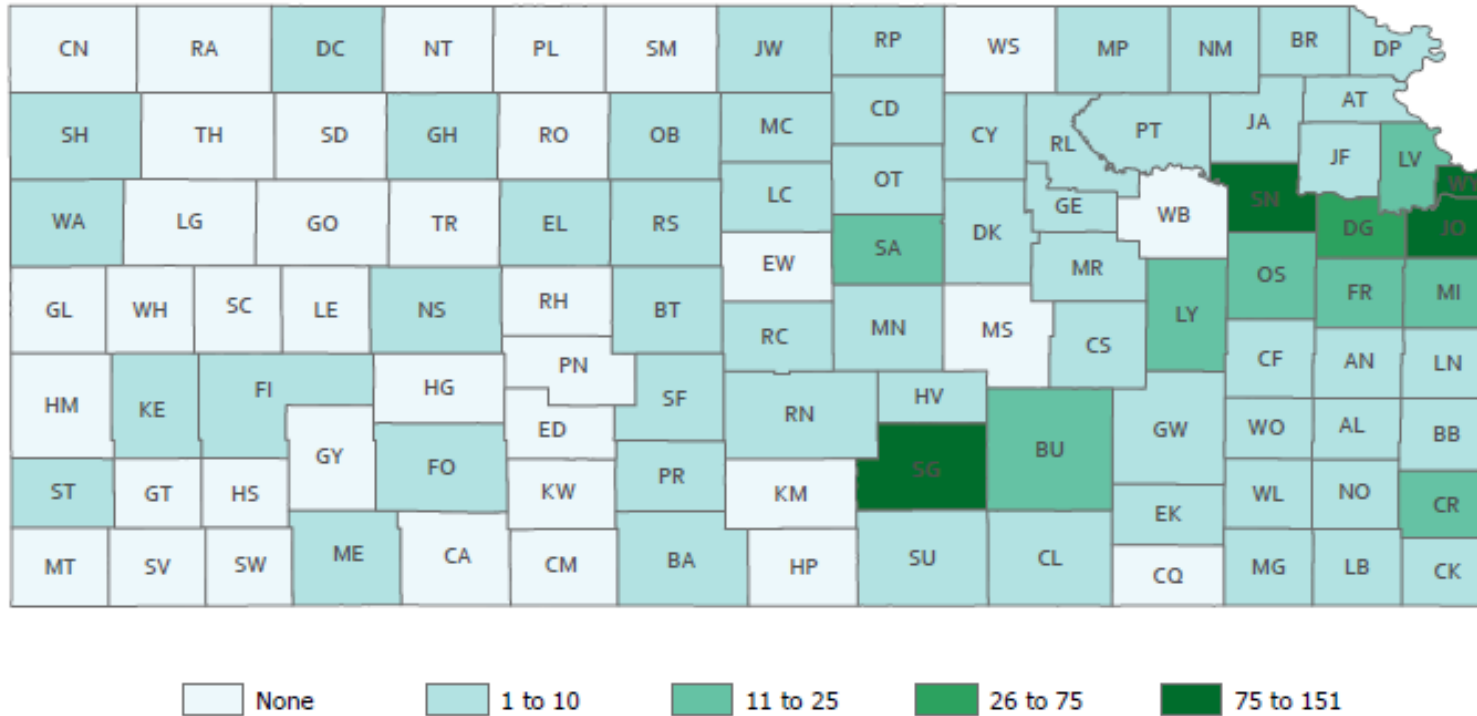


*Data is pulled a year from current time to account for claims lag

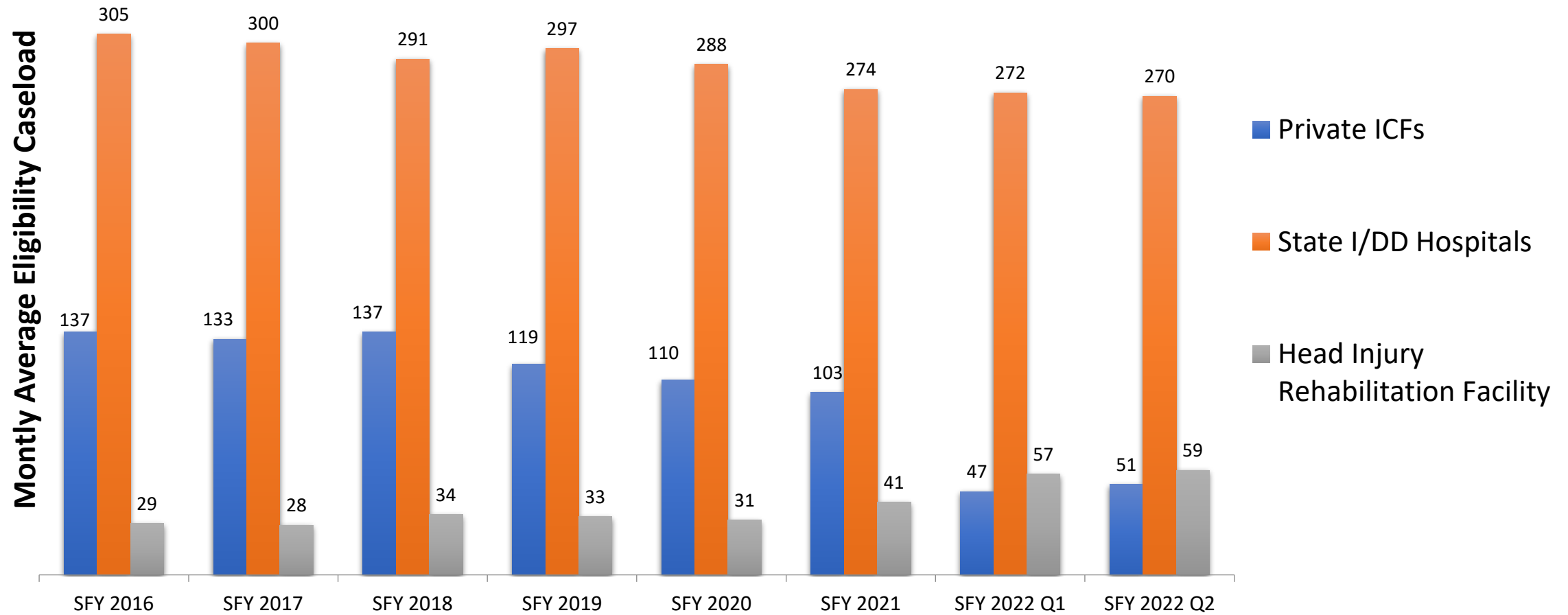
HCBS/BI Average Per Member Per Month Cost



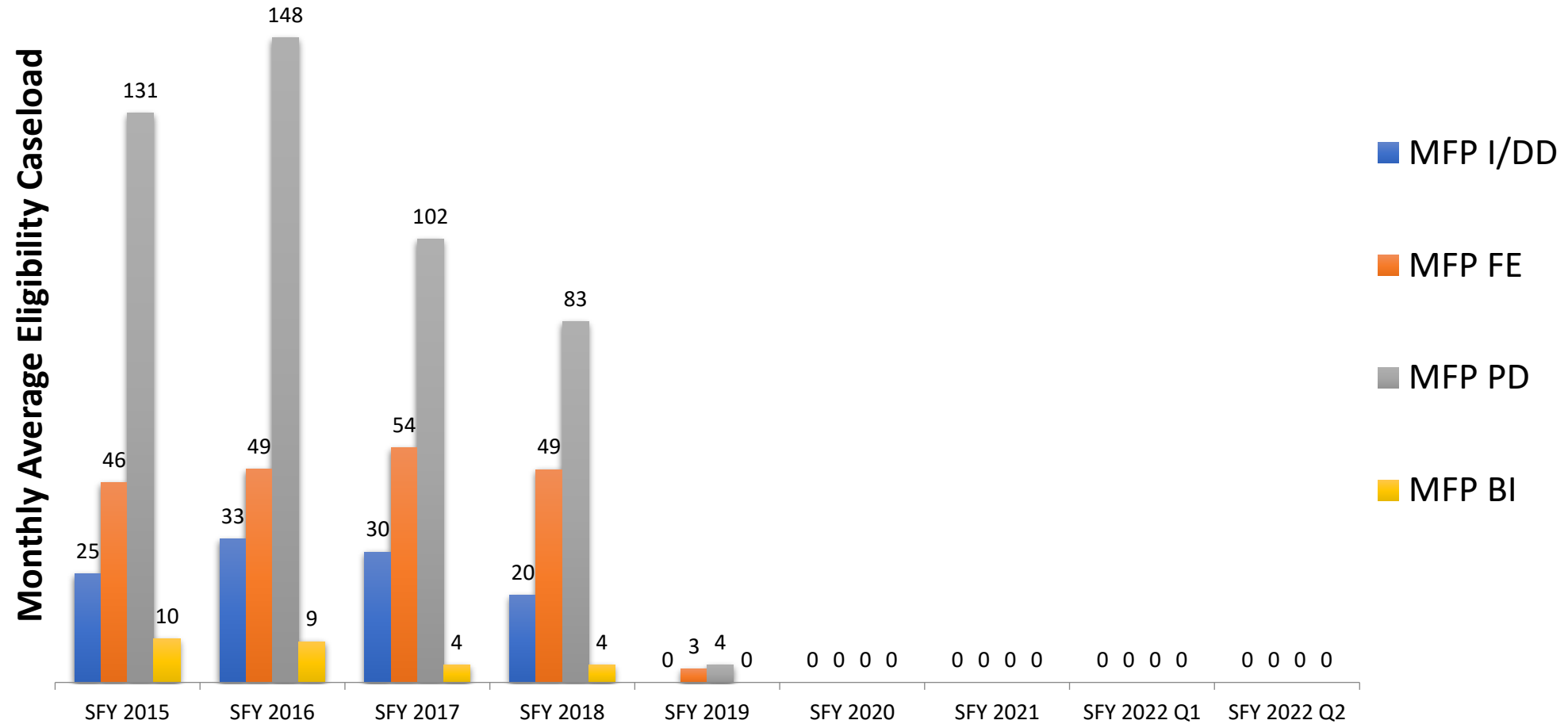
Number of HCBS/BI Participants by County (SFY21)



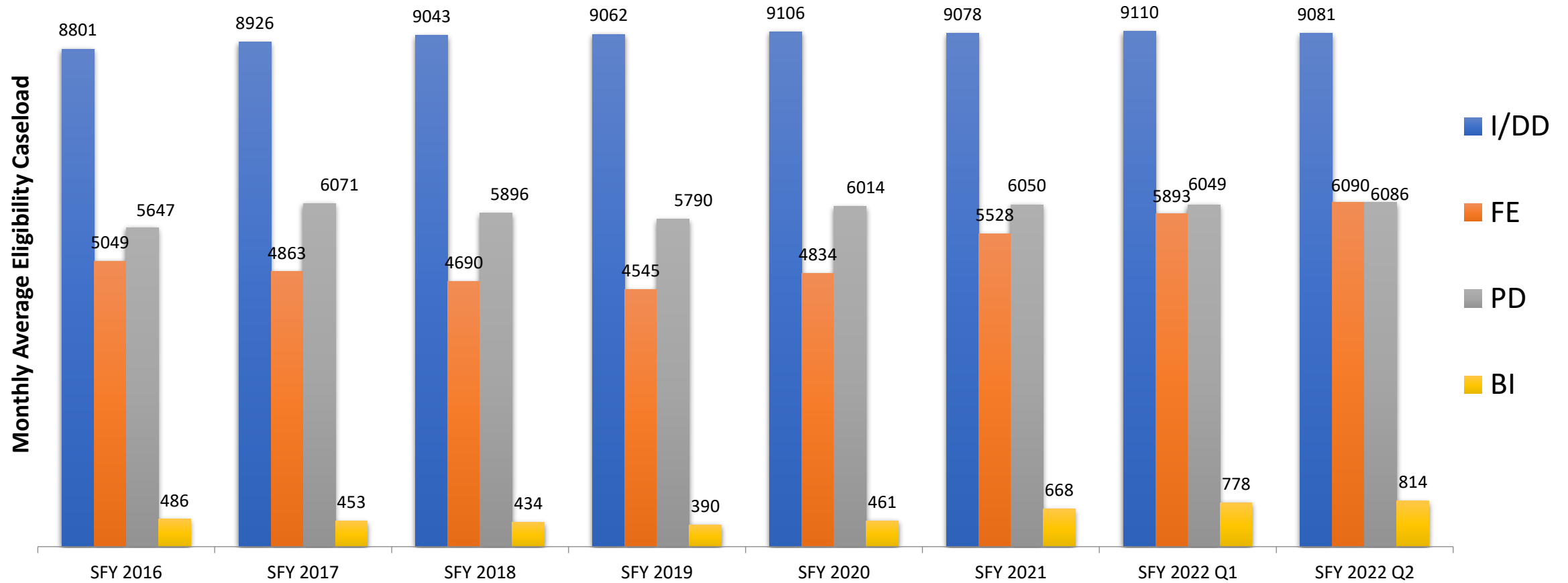
Average Monthly Caseload for ICFs And Head Injury Facilities



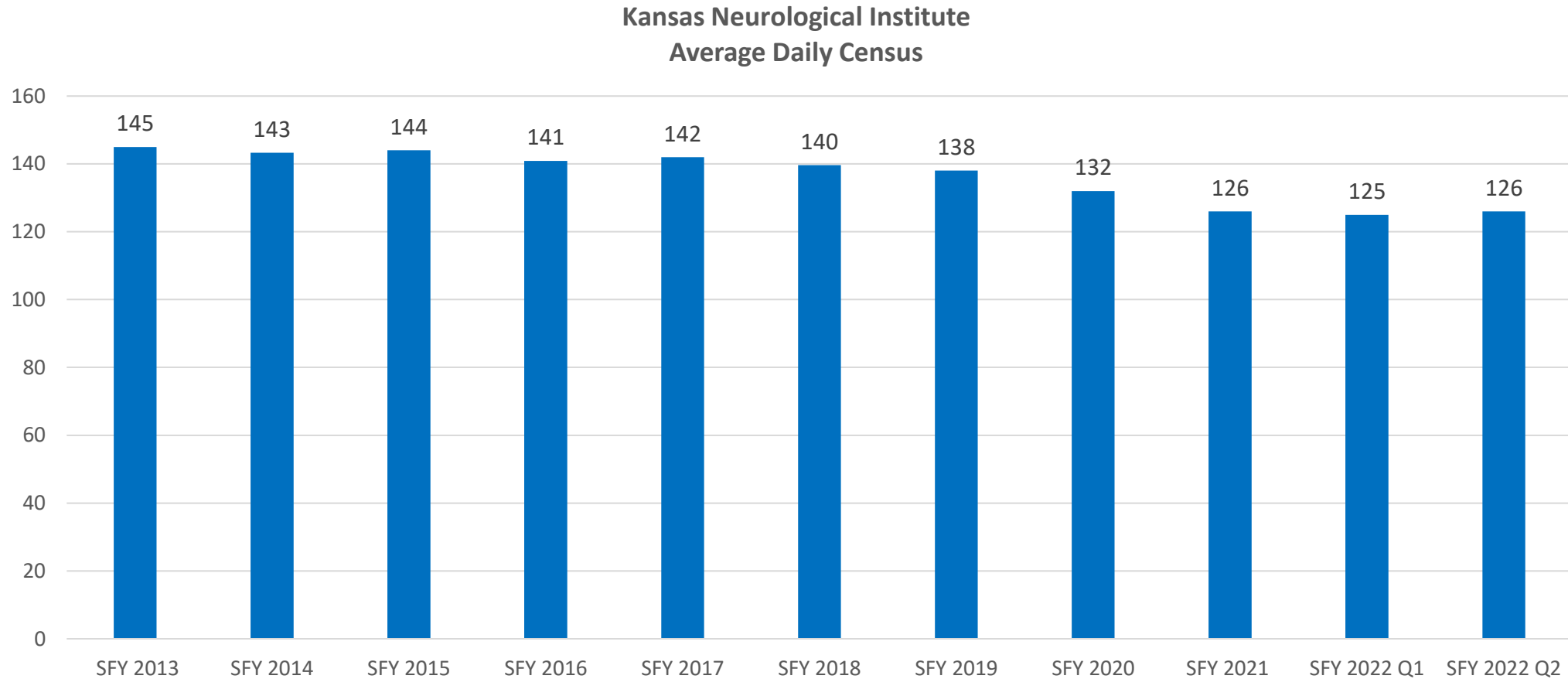
Number of Persons Transitioned on Money Follows the Person (MFP)



Average Monthly Caseload for HCBS IDD/PD/FE/BI Services



KNI Average Daily Census



Parsons Average Daily Census

Parsons State Hospital
Average Daily Census

